



Washington State Department of

**Early Learning**

## **School-Age Child Care Program Monitoring Checklist**

|                |        |                           |                               |
|----------------|--------|---------------------------|-------------------------------|
| Facility Name  |        | Capacity                  | Monitoring Date<br>02/12/2010 |
| Street Address |        | City                      | State<br>Zip Code             |
| Licensors Name | Office | 10 digit telephone number |                               |

Codes: NA - Not applicable D – Discussed O – Observed C – Compliance N – Noncompliance E - Exception granted

**Posting**

\_\_\_ 1. License visibly posted. (WAC 170-151-500 (1) (a))

\_\_\_ 2. Food menus posted (WAC 170-151-500 (1) (d))

\_\_\_ 3. Emergency numbers posted. (WAC 170-151-500 (1) (f))

**Record Keeping**

\_\_\_ 4. Documentation of a cleared background check for all employees and volunteers having unsupervised or regular access to the children in care. (WAC 170-151-180 (1) (c) (d))

\_\_\_ 5. Child records complete based on sampling of files (see page 2). (WAC 170-151-450)

\_\_\_ 6. Documentation of monthly fire drills. (WAC 170-151-460 (3))

\_\_\_ 7. Maintains the daily attendance record on the premises (WAC 170-151-460(1))

\_\_\_ 8. Provider in compliance with insurance requirements. (RCW 43.215.535)

**Medication and First Aid/CPR**

\_\_\_ 9. Staff present with current First Aid/CPR certification. (WAC 170-151-200 (4)(a))

\_\_\_ 10. Medications and toxic materials stored in accordance with WAC 170-151-230 and 280.

\_\_\_ 11. Required First Aid supplies are available. (WAC 170-151-310)

**General Safety and Sanitation**

\_\_\_ 12. Staff routinely washes hands, surfaces, and equipment. (WAC 170-151-220)

\_\_\_ 13. Premises are safe, sanitary, free of hazards and in good repair. (WAC 170-151-280 (2))

\_\_\_ 14. The licensed child care space is prohibited from the use of window blind cords that form a loop or pose risk of strangulation (RCW 43.215.360)

\_\_\_ 15. Outdoor play area free of any dangerous condition. (WAC 170-151-320 (1) ©)

**Staffing**

\_\_\_ 16. Children are within continuous visual or auditory supervision. (WAC 170-151-120)

\_\_\_ 17. Staff interact with, discipline and guide children in accordance with (WAC 170-151-120, 130)

\_\_\_ 18. New director or site coordinator has submitted required documentation, if applicable (WAC 170-151-180)

\_\_\_ 19. Staff/Child ratios are within licensing standards: (WAC 170-151-190)

Group size: \_\_\_\_\_ Staff/Child ratio: \_\_\_\_\_

\_\_\_ 20. If you or your staff have reasonable cause to believe that a child has suffered abuse or neglect, you or your staff must report the alleged incident to law enforcement or child protective services (WAC 170-151-420)

|  |                                 |  |      |
|--|---------------------------------|--|------|
| <b>Program, Activities, and Routines</b>   |                                 |  |      |
| <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | 21.<br>22.<br>23.<br>24.<br>25. | The center's program is operated under a regular schedule of activities with allowances for a variety of special events. (WAC 170-151-100 (4))<br>Daily routines provide children daily opportunities for large and small muscle activities and outdoor play. (WAC 170-151-100 (3))<br>Learning and play materials: (WAC 170-151-110)<br><input type="checkbox"/> sufficient quantity <input type="checkbox"/> developmentally appropriate <input type="checkbox"/> accessible <input type="checkbox"/> culturally relevant<br>Outdoor play equipment promotes child's active play, physical development and coordination. (WAC 170-151-320)<br>The daily schedule must provide and promote the needs and interests of children being served (WAC 170-151-100) |      |
| Licensee Signature   | Date                            | Licensor Signature   | Date |
| <b>Comments and Observations:</b>  |                                 |  |      |
|  |                                 |  |      |

|  |                        |                      |                        |               |                               |                          |                       |                               |                                      |
|--|------------------------|----------------------|------------------------|---------------|-------------------------------|--------------------------|-----------------------|-------------------------------|--------------------------------------|
| School-Age Program Monitoring Checklist                            |                        |                      |                        |               | Facility Name                 |                          |                       | Monitoring Date<br>02/12/2010 |                                      |
| Children's Files (Randomly Review Five (5) Files)                  |                        |                      |                        |               |                               |                          |                       |                               |                                      |
| Child's Information  | Enrollment Application | Health Care Provider | Health History         | Immunizations | Medical Consent               | Medication Authorization | Medications Dispensed | Physical Exam Date            | Person's authorized to pick up Child |
|  |                        |                      |                        |               |                               |                          |                       |                               |                                      |
| Center Staff Qualifications (Randomly Review Five (5) Staff Files) |                        |                      |                        |               | * If applicable only          |                          |                       |                               |                                      |
| Provider's/Assistant's Staff Names                                 | Employment Application | Age                  | Criminal History Check | TB Test       | Blood Born Pathogens Training | First Aid *              | CPR Card*             | Food Handlers Permit*         | Program Orientation                  |
|  |                        |                      |                        |               |                               |                          |                       |                               |                                      |
| Observations   |                        |                      |                        |               |                               |                          |                       |                               |                                      |